



State of Arizona  
Department of Education

The Arizona Department of Education announces the Robert C. Byrd Scholarship Program for 2009 – 2010 academic year.

A limited number of scholarships will be awarded to Arizona high school seniors who have demonstrated outstanding academic achievement and promise of continued success. Since this scholarship is competitive, it is necessary that all sections of the application are completed in order to be considered.

Each Byrd Scholar must pursue a full-time course of study at an approved institution of higher education. Federal Regulation CFR Part 668.3 defines such an institution, in part, as providing an educational program for which it awards an associate, baccalaureate, or professional degree. Recipients of the Robert C. Byrd Honors Scholarship will receive the awarded amount of \$1,500 per academic year for a total of 4 years for undergraduate studies ONLY. In the event of federal reduction of program funds, this amount may be reduced. Additionally, pursuant to, 34 CFR Part 654, Subpart A, Section 654.2, students attending military academies may not receive the award.

**INSTRUCTIONS**

1. Copies will be made by the school for each applicant. No other attachments are to be enclosed except those indicated in the application. The selection panel will not review any additional information. All the applications submitted **MUST BE TYPED**. Please visit [www.ade.az.gov/byrd](http://www.ade.az.gov/byrd) to complete the application on-line and print for submission.
2. The student, parent, and principal/asst. principal/counselor must sign the application forms in the appropriate places. School principals or counselors are responsible for sending in the application(s) from their school. If more than one application is submitted from one school, the principal must rank each application. **Faxed applications or applications submitted directly by students will NOT be accepted.**
3. Return ORIGINAL application (pages 1, 2 & 3), student transcripts (NOT in sealed envelopes), and four copies of each, a total of **five applications to:**

Arizona Department of Education  
Special Projects & Constituent Services  
Attn: Karla Bravo  
Robert C. Byrd Scholarship Director  
1535 West Jefferson, Bin #22  
Phoenix, AZ 85007

APPLICATION MUST BE **RECEIVED** (NOT POST-MARKED)  
BY THE ARIZONA DEPARTMENT OF EDUCATION ON OR BEFORE:

***March 23, 2009***



## 2009-10 ROBERT C. BYRD HONORS SCHOLARSHIP APPLICATION CHECKLIST:

- ✓ PAGE 1 – COMPLETED “STUDENT PAGE”
- ✓ PAGE 2 – COMPLETED “PRINCIPAL PAGE”
- ✓ PAGE 3 – “AFFIDAVIT OF INTENT TO ENROLL” IN A UNIVERSITY, COLLEGE OR OTHER ACCREDITED INSTITUTION OF HIGHER EDUCATION
- ✓ ONE ORIGINAL STUDENT TRANSCRIPT  
*IMPORTANT NOTES CONCERNING TRANSCRIPTS & GPAs: IF STUDENT’S GPA IS WEIGHTED AND AN UN-WEIGHTED GPA CANNOT BE PROVIDED, ATTACH AN EXPLANATION OF THE WEIGHTED PROCESS BEING UTILIZED AND ATTACH THIS TO THE STUDENT TRANSCRIPT. **AN UN-WEIGHTED GPA IS PREFERRED DUE TO THE PANEL REVIEW COMMITTEE’S APPLICATION SCORING AND SELECTION PROCESS.** ALSO, PLEASE DO NOT PUT ORIGINAL TRANSCRIPTS AND COPIES IN SEALED ENVELOPES. ORIGINAL TRANSCRIPTS MUST HAVE AN APPROPRIATE SEAL/STAMP OR OTHER INDICATION OF AUTHENTICITY.*
- ✓ RETURN ORIGINAL APPLICATION AND STUDENT TRANSCRIPT **PLUS 4 XEROX COPIES** OF EACH ITEM ABOVE – A TOTAL OF 5 COMPLETED APPLICATIONS AND 5 TRANSCRIPTS MUST BE SUBMITTED FOR THE PANEL REVIEW COMMITTEE.

TYPED APPLICATIONS ARE REQUIRED. ALL SIGNATURES AT THE BOTTOM OF EACH PAGE OF THE ORIGINAL MUST BE SIGNED IN BLUE OR BLACK INK. USE ONLY THE SPACE PROVIDED FOR ACADEMIC HONORS AND ACTIVITIES.

### PLEASE NOTE:

- THE SELECTION PANEL WILL NOT REVIEW ANY ADDITIONAL INFORMATION SUCH AS LETTERS OF RECOMMENDATION, RESUMES, OR ANY OTHER DOCUMENTS.
- ALL ITEMS OF THE APPLICATION MUST BE COMPLETED AND ALL COPIES OF THE APPLICATIONS SHOULD BE MAILED IN THE SAME PACKAGE FROM THE HIGH SCHOOL. IF SUBMITTING **MORE THAN 1 STUDENT APPLICATION**, THE PRINCIPAL MUST RANK THE STUDENTS (SEE PRINCIPAL RANKING SECTION ON PAGE 2 OF THE APPLICATION).
- **APPLICATIONS MUST BE RECEIVED BY OUR OFFICE (NOT POST-MARKED) BY THE DUE DATE!**
- **NO STUDENT-SUBMITTED OR FAXED APPLICATIONS WILL BE ACCEPTED!**
- APPLICATIONS WITH INCOMPLETE INFORMATION, MISSING INFORMATION, OR MISSING PAGES **WILL NOT BE ACCEPTED!**
- THE SELECTION PROCESS FOR SCHOOLS’ NOMINATIONS IS ONE EACH SCHOOL WILL DETERMINE. THE DEPARTMENT OF EDUCATION DOES NOT OVERSEE OR ADMINISTER THE APPLICANT NOMINATION PROCESS; RATHER THE ADE IN CONJUNCTION WITH THE PANEL MEMBERS WILL SELECT THE FINAL RECIPIENTS.

Questions? Feel free to contact Karla Bravo, AZ Byrd Scholarship Coordinator,  
at (602) 542-3710 or via email at [byrd@azed.gov](mailto:byrd@azed.gov)



## 2009-10 ROBERT C. BYRD HONORS SCHOLARSHIP APPLICATION PAGE 1

**STUDENT INFORMATION:** APPLICATION MUST BE TYPED OR IT WILL NOT BE CONSIDERED. PLEASE VISIT [WWW.ADE.AZ.GOV/BYRD](http://WWW.ADE.AZ.GOV/BYRD) TO COMPLETE THE APPLICATION ON-LINE AND PRINT FOR SUBMISSION.

<b>STUDENT NAME:</b>	<b>SOCIAL SECURITY #:</b>	<b>HOME PHONE:</b> ( )
FIRST MIDDLE LAST	<b>GENDER:</b>	<b>EMAIL:</b>
<b>HOME ADDRESS (NUMBER AND STREET OR P.O. Box):</b>	<b>CITY:</b>	<b>ZIP CODE:</b>

<b>PARENT/LEGAL GUARDIAN'S NAME:</b>	<b>RELATIONSHIP:</b>	<b>HOME PHONE:</b> ( )
--------------------------------------	----------------------	---------------------------

**LIST ACADEMIC HONORS RECEIVED TO DATE:** LIST MOST RECENT HONOR FIRST, WITH OTHERS FOLLOWING IN CHRONOLOGICAL ORDER, AND LIST THE DATES OF THESE HONORS. *USE THIS SPACE ONLY. ADDITIONAL ITEMS WILL NOT BE CONSIDERED.*


**LIST ACTIVITIES:** STUDENT OR OTHER OFFICES HELD, RESPONSIBILITIES INVOLVING SCHOOL AND COMMUNITY SERVICES. LIST MOST RECENT ACTIVITIES FIRST, WITH OTHERS FOLLOWING IN CHRONOLOGICAL ORDER, AND LIST THE DATES OF THESE ACTIVITIES. *USE THIS SPACE ONLY. ADDITIONAL ITEMS WILL NOT BE CONSIDERED.*


### APPROVAL SIGNATURES:

STUDENT (PLEASE SIGN IN BLUE OR BLACK INK)

DATE OF SIGNATURE

PARENT/LEGAL GUARDIAN (PLEASE SIGN IN BLUE OR BLACK INK)

DATE OF SIGNATURE

SCHOOL PRINCIPAL/ASST. PRINCIPAL/COUNSELOR (PLEASE SIGN IN BLUE OR BLACK INK)

DATE OF SIGNATURE



State of Arizona  
Department of Education

2009-10 ROBERT C. BYRD HONORS SCHOLARSHIP  
APPLICATION PAGE 2

**STUDENT NAME:** \_\_\_\_\_

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

STUDENT'S SOCIAL SECURITY NUMBER

**High School Information:** Please Type. (to be completed by the high school principal or school counselor)

<b>COUNSELOR/PRINCIPAL'S NAME:</b>		<b>EMAIL ADDRESS:</b>
<b>NAME OF DISTRICT:</b>		<b>COUNTY:</b>
<b>NAME OF HIGH SCHOOL:</b>		<b>HS PHONE:</b> ( )
<b>HIGH SCHOOL ADDRESS:</b>	<b>CITY:</b>	<b>ZIP CODE:</b>

**SCHOOL & STUDENT INFORMATION:** (TO BE COMPLETED BY THE HIGH SCHOOL PRINCIPAL OR SCHOOL COUNSELOR, IF A TYPEWRITER OR COMPUTER IS NOT AVAILABLE FOR THE PIECE BELOW, HANDWRITING IS PERMISSABLE FOR THIS PIECE **ONLY**)

DEPENDING ON THE SCHOOL ENROLLMENT, HIGH SCHOOL PRINCIPALS/COUNSELORS MUST RANK-ORDER EACH APPLICATION SUBMITTED FROM EACH HIGH SCHOOL. <b>THE # OF APPLICATIONS SUBMITTED FROM EACH HIGH SCHOOL IS DEPENDENT ON ENROLLMENT (SEE BELOW).</b>									
<table border="1"><thead><tr><th>STUDENT ENROLLMENT</th><th>MAX. STUDENT APPLICANTS</th></tr></thead><tbody><tr><td><b>LESS THAN 499</b> (SMALL SCHOOL)</td><td><b>1 APPLICANT</b></td></tr><tr><td><b>500 – 1499</b> (MEDIUM SCHOOL)</td><td><b>2 APPLICANTS</b></td></tr><tr><td><b>MORE THAN 1500</b> (LARGE SCHOOL)</td><td><b>3 APPLICANTS</b></td></tr></tbody></table>	STUDENT ENROLLMENT	MAX. STUDENT APPLICANTS	<b>LESS THAN 499</b> (SMALL SCHOOL)	<b>1 APPLICANT</b>	<b>500 – 1499</b> (MEDIUM SCHOOL)	<b>2 APPLICANTS</b>	<b>MORE THAN 1500</b> (LARGE SCHOOL)	<b>3 APPLICANTS</b>	<p><b>PRINCIPAL'S RANKING OF THIS STUDENT:</b> (Must be completed if school has selected more than one student to apply for scholarship)</p> <p>1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/></p> <p>Cumulative Grade Point Average: <u>Un-Weighted GPA</u> <input type="text"/> (Preferred):</p> <p>*Weighted GPA: <input type="text"/> (Please provide <u>both</u> if applicable)</p> <p>*If GPA is weighted and an un-weighted GPA cannot be provided, attach an explanation of the weighted process being utilized and attach this to the student transcript.</p> <p><b>STUDENT RANK IN CLASS</b> <input type="text"/></p> <p><b>TOTAL SENIOR CLASS SIZE</b> <input type="text"/></p> <p><b>ACT / SAT (CR AND MATH ONLY) SCORE (EITHER OR BOTH)</b> <input type="text"/> <input type="text"/></p>
STUDENT ENROLLMENT	MAX. STUDENT APPLICANTS								
<b>LESS THAN 499</b> (SMALL SCHOOL)	<b>1 APPLICANT</b>								
<b>500 – 1499</b> (MEDIUM SCHOOL)	<b>2 APPLICANTS</b>								
<b>MORE THAN 1500</b> (LARGE SCHOOL)	<b>3 APPLICANTS</b>								
INDICATE <u>TOTAL</u> HIGH SCHOOL ENROLLMENT <input type="text"/>									

I AFFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

SCHOOL PRINCIPAL/ASSISTANT PRINCIPAL/COUNSELOR  
(PLEASE SIGN IN BLUE OR BLACK INK)

DATE OF SIGNATURE



State of Arizona  
Department of Education  
**2009-10 ROBERT C BYRD HONORS SCHOLARSHIP**  
Affidavit of Intent to Enroll and Attend an Institution of Higher Education

**INFORMATION MUST BE TYPED. ALL INFORMATION PROVIDED IS CONFIDENTIAL.**

**STUDENT'S SOCIAL SECURITY NUMBER:**

			-			-				
--	--	--	---	--	--	---	--	--	--	--

**STUDENT'S NAME:**

**First**

**Middle**

**Last**

I DO HEREBY CERTIFY THAT I HAVE ENROLLED, OR WILL ENROLL, AND PURSUE A FULL-TIME COURSE OF STUDY (A MINIMUM TWELVE CREDITS) AT THE FOLLOWING UNIVERSITY, COLLEGE OR INSTITUTION OF HIGHER EDUCATION:

<u>NAME OF COLLEGE OR UNIVERSITY</u>		
<u>ADDRESS</u>		
<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>

**IF YOU HAVE NOT DECIDED UPON THE COLLEGE OR UNIVERSITY OF CHOICE – BUT INTEND TO ENROLL AT AN INSTITUTION OF HIGHER EDUCATION FULL TIME IN ACCORDANCE WITH THE AWARD OF THE ROBERT C. BYRD HONORS SCHOLARSHIP – WRITE “UNDECIDED” IN THE “NAME OF COLLEGE OR UNIVERSITY” BOX ABOVE.**

<b>MY FRESHMEN SEMESTER WILL BEGIN:</b>	<b>2009</b>
	<i>MONTH/DAY</i>

I UNDERSTAND, IF FOR UNFORESEEN CIRCUMSTANCES OR OTHER CONDITIONS, I CANNOT ATTEND AN INSTITUTION OF HIGHER EDUCATION WITHIN THE SUBSEQUENT TWELVE MONTHS OF THE SCHOLARSHIP AWARD, I WILL NOTIFY THE ARIZONA DEPARTMENT OF EDUCATION – ROBERT C. BYRD SCHOLARSHIP OFFICE IN WRITING.

**APPROVAL SIGNATURES:**

\_\_\_\_\_  
**STUDENT** (PLEASE SIGN IN BLUE OR BLACK INK)

\_\_\_\_\_  
**DATE OF SIGNATURE**

\_\_\_\_\_  
**PARENT OR LEGAL GUARDIAN** (PLEASE SIGN IN BLUE OR BLACK INK)

\_\_\_\_\_  
**DATE OF SIGNATURE**

\_\_\_\_\_  
**SCHOOL PRINCIPAL /ASSISTANT PRINCIPAL COUNSELOR**

\_\_\_\_\_  
**DATE OF SIGNATURE**